



U.S. Application No. 09/819,244  
Reply to Final Office Action dated April 14, 2006

PATENT  
450100-03099

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Satoru Ueda  
Serial No. : 09/819,244  
Filed : March 28, 2001  
For : COMMUNICATION CONTENTS CERTIFICATION SYSTEM,  
COMMUNICATION CONTENTS CERTIFICATION  
APPARATUS, COMMUNICATION CONTENTS  
CERTIFICATION METHOD, AND RECORDING MEDIUM  
Examiner : Strange, Aaron N.  
Art Unit : 2153  
Confirmation No. : 2106

745 Fifth Avenue  
New York, NY 10151  
Tel. (212) 522-0800

**EXPRESS MAIL**

Mailing Label Number: EV 713836621 US

Date of Deposit: June 13, 2006

I hereby certify that this paper or fee is being deposited with the  
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*Bernat Shindler*  
(Typed or printed name of person mailing paper or fee)  
*Bernat Shindler*  
(Signature of person mailing paper or fee)

**AMENDMENT SUBMITTED WITH  
REQUEST FOR CONTINUED EXAMINATION**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed on April 14, 2006, having a three-month statutory period for response set to expire on July 14, 2006, Applicant submits herewith a

Request for Continued Examination and a check in the amount of \$790.00 as payment of the fee.

Please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.



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745 Fifth Avenue  
New York, NY 10151  
Tel: 212-588-0800

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	9	Minus	** =20	* 0	\$50 (25)	= \$ 0
Independent claims	3	Minus	*** =3	* 0	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$300(150) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

*Barnet Shindler*  
(Typed or printed name of person mailing paper or fee)

*Barnet Shindler*  
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicants

By:

*Thomas F. Presson*  
Thomas F. Presson  
Reg. No. 41,442  
Tel: 212-588-0800